NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

12-4\$-15-00358-005(1307)

Clerk's Office Stamp

Inst: 202412004316 Date: 03/01/2024 Time: 2:47PM Page 1 of 1 B: 1509 P: 1097, James M Swisher Jr, Clerk of Court Columbia, County, By: VC J.

THE UNDERSIGNED hereby gives notice that in	mprovements will be made to certain real property, and in accordance with Section 713.13
of the Florida Statutes, the following informat	tion is provided in this NOTICE OF COMMENCEMENT.
1 Description of property (legal description):	334 SW Ballard CT Lake City, FL V Ballard CT Lake City, FL
a) Street (iob) Address: 334 SV	V Ballard CT Lake City, FL
2. General description of improvements:	uilding Single Family Dwelling
3. Owner Information or Lessee information if	thicia Echeveri 334 SW Ballard Ct Lake City, FL
b) Name and address of fee simple to the sim	intended (in other than owner)
4. Contractor Information a) Name and address: Richard b) Telephone No.: 386-344-9	770 —
5. Surety Information (if applicable, a copy of	the amount hand is attached by
a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
b) Phone No.	
	ed by Owner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes: a) Name and address:	
b) Telephone No.:	
	•
8. In addition to himself or herself, Owner des	signates the following person to receive a copy of the Lienor's Notice as provided in
 Section 713.13(I)(b), Florida Statute 	5:
40일 (1) 보통하다면 보고 있다	OF
b) Telephone No.:	
	nt (the expiration date will be 1 year from the date of recording unless a different date
is specified):	
WARNING TO OWNER: ANY PAYMEN	NTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
	IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,
	T IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A
	BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
	AIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
COMMENCING WORK OR RECORDIN	IG YOUR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA	10
	ture of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signal	ore of owner of cessee, of owner s of cessee's Authorized Office/Director/Partner/Manager
	Richard Echeverri
	Printed Name and Signatory's Title/Office
	The inflation of the section of the
The foregoing instrument was acknowledged	before me, by means of physical presence or online notarization, a Florida Notary,
this 1ST day of March	
= 1	(Name of Person) (Type of Authority)
FOR RICHARD ECHEVE	ERR/ who is personally known V OR produced identification
(name of party on behalf of whom instrum	nent was executed)
Annual Control of the	Type 10 FL: E216-754-70-337.
Notary Signature Suin Mot	(Notary Stamp or Seal)
itotaly digitature	(Notary Stamp or Seal) Notary Public State of Florida

Julian L. Montero
My Commission HH 472703
Expires 12/13/2027